

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002671

STATE FILE NUMBER

AMENDED

Registration District No. 200 Primary Registration District No. 341 Registrar's No. 6

FILED JAN 22 1962

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Macon</u>		c. CITY OR TOWN <u>Macon</u>	
Length of stay in 1b <u>26 yrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hwy. 36 East</u>		d. STREET ADDRESS (If outside, give location) <u>Hwy. 36 East</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Kenneth</u> Middle <u>Dale</u> Last <u>Yeast</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>15</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 30, 1913</u>
9. AGE (last birthday) <u>48</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Allis-Chal. Co.</u>	
11. BIRTHPLACE (City and state or country) <u>Good Hope, Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chester Yeast</u>		13b. MOTHER'S MAIDEN NAME <u>Hazel Bradford</u>	
14. NAME OF HUSBAND OR WIFE <u>Gerry Yeast</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT <u>Gerry Yeast</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Probably Virus infection 3 wks ago</u> DUE TO (c) <u>Probably Virus infection 3 wks ago</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10:00</u> a.m. <u>10:00</u> p.m. <u>10:00</u> Month, Day, Year <u>Aug. 19 38</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Good Hope, Ill.</u>	
20g. COUNTY <u>Good Hope</u>		20h. STATE <u>Ill.</u>	
21. I attended the deceased from <u>Aug. 19 38</u> to <u>Jan. 15, 1962</u> and last saw him alive on <u>Jan. 15, 1962</u> Death occurred at <u>10:00</u> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Thomas Muller MD</u>	
22b. ADDRESS <u>Macon</u>		22c. DATE SIGNED <u>1/17/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Jan. 18, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Good Hope Ill.</u>
24. FUNERAL DIRECTOR <u>Lester Lutton</u>	25. DATE RECD. BY LOCAL REG. <u>1-17-62</u>	26. REGISTRAR'S SIGNATURE <u>Carl M. Keely</u>	

(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon, GA

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.